

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567630

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16	e					
17		1				
18	e					
19						
20						
21			1			
22			1			
23	e					
24						
25			1			
26			1			
27			1			
28			1			
29			1			
30	e					
31	e	1				
32	e	1				
33		1				
34		1				
35	e					
36						
37			1			
38			1			
39			1			
40			1			
41			1			
42	e					
43						
44						
45	e	1				
46		1				
47	e					
48		1				
49	e					
50	e					
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			e			
52			1			
53			e			
54						
55			1			
56			e			
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67			e			
68			1			
69			e			
70						
71						
72			1			
73						
74			1			
75						
76			1			
77			e			
78			e			
79						
80						
81						
82						
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87						
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90						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	←
TOTAL CLAIMS						